

# CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b> KEVIN KING and CHRISTOPHER FRISCO, Individually and on behalf of all others similarly situated		<b>DEFENDANTS</b> WASTE FACILITIES, INC. and MUD PUDDLES SERVICES, LLC										
(b) County of Residence of First Listed Plaintiff <u>Aransas</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>		County of Residence of First Listed Defendant _____ <small>(IN U.S. PLAINTIFF CASES ONLY)</small> <small>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</small>										
(c) Attorneys (Firm Name, Address, and Telephone Number) Craig M. Sico & Clif Alexander Sico, White, Hoelscher, Harris & Braugh LLP 802 N. Carancahua, Suite 900, Corpus Christi, TX 78401(361) 653-3300		Attorneys (If Known)										
<b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)		<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)										
<input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Citizen of This State</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 4 <input type="checkbox"/> 4</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 2 U.S. Government Defendant</td> <td style="text-align: center;"><input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State</td> <td style="text-align: center;"><input type="checkbox"/> 5 <input type="checkbox"/> 5</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> 3 Citizen or Subject of a Foreign Country</td> <td style="text-align: center;"><input type="checkbox"/> 6 <input type="checkbox"/> 6</td> </tr> </table>		<input type="checkbox"/> Citizen of This State	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input type="checkbox"/> 4	<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 5		<input type="checkbox"/> 3 Citizen or Subject of a Foreign Country	<input type="checkbox"/> 6 <input type="checkbox"/> 6
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		<input type="checkbox"/> 950 Constitutionality of State Statutes																																																																																														

<b>V. ORIGIN</b> (Place an "X" in One Box Only)					
<input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court		<input type="checkbox"/> 4 Reinstated or Reopened		<input type="checkbox"/> 5 Transferred from Another District <input type="checkbox"/> 6 Multidistrict Litigation (specify)	

<b>VI. CAUSE OF ACTION</b>		Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): 29 U.S.C. § 201 et.seq. and 29 U.S.C. § 216(b) Brief description of cause: Collective Action to Recover Overtime Wages			

<b>VII. REQUESTED IN COMPLAINT:</b>		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.		DEMAND \$ _____ CHECK YES only if demanded in complaint: <b>JURY DEMAND:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>VIII. RELATED CASE(S) IF ANY</b>		(See instructions): JUDGE _____ DOCKET NUMBER _____			

DATE 06/22/2015		SIGNATURE OF ATTORNEY OF RECORD /s/ Clif Alexander			

<b>FOR OFFICE USE ONLY</b>					
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RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IPP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_